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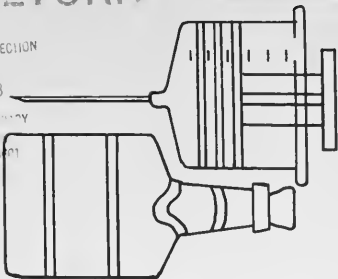
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MONTANA ADDICTIVE DISEASES NEWSLETTER

Volume 3, Number 1

2

Spring, 1977

New Contract Provides 28 NIDA Slots in Billings

Montana Addictive Diseases Bureau has obtained the approval of National Institute on Drug Abuse for a Statewide Services Contract funding mechanism.

nism to provide drug abuse treatment services in Billings. This funding mechanism has been developed in addition to the formula grant mechanism which is still being used to fund treatment in all Southwest Regional treatment centers.

The Statewide Services Contract is essentially a subcontracting process through which ADB establishes NIDA funded treatment "slots" for drug abusers in local communities by signing a standard contract form with local programs. The master contract was approved by NIDA on March 1, 1977, providing 28 slots with Rimrock Guidance Foundation.

The contract mechanism should be more versatile than the formula grant mechanism, in part because slots may be more easily transferred among communities, thus enabling resources to be directed to areas with the greatest needs. Field workers say that the contracts will result in less red tape, particularly in the area of personnel. Employees of contract programs will not be considered State employees, as is presently the case with persons hired by formula grant programs.

It is also probable that the new contract mechanism will simplify the process of establishing new drug abuse treatment programs. The role of ADB in developing new programs becomes one of identifying suitable sponsoring groups in communities with identified needs. Local programs or prospective sponsors in turn must meet the qualifying standards specified in the master contract and provide the minimum services listed. Since all requirements are specified in writing, performance of local programs should be much easier to evaluate.

NIDA introduces national priorities into the contract funding process by requiring the State of Montana to include minimum provisions in the master contract. In addition to treatment specifics such as standards for urine sampling and laboratory testing, procedural requirements such as minimum service hours and client intake procedures, and broad requirements for financial accounting, facilities and equipment, NIDA has introduced affirmative action plans, anti-discrimination in hiring practices and clean air and water requirements.

FY '77 Mini-Grant Awards Announced

Awards of \$21,000 in \$1,000 seed grants were announced in mid-March, completing the third year of Addictive Diseases Bureau's "Mini-Grants for Drug Abuse Prevention" program. The purpose of Mini-Grant awards is to initiate highly visible drug abuse prevention activities and projects which might receive local attention and continuation funding.

This year, applications were generally limited to proposals for sponsoring workshops and for purchasing films and printed matter for public distribution.

According to Paul Babbitt, ADB's prevention coordinator and manager of the Mini-Grant Program, applicant criteria are minimal. The applicant must have a non-profit, tax-exempt status, and must demonstrate that Mini-Grant funds will be used specifically for drug abuse prevention. All funds must be expended by June 30, 1977, at which time recipients must document activities and costs. Deadline for receipt of applications was Feb. 1.

Continuance of the Mini-Grant program is assured because it is funded with so-called "annual funds" which may not be available in the future, or which may be required for higher priority activities. In the first two years of the Mini-Grant program, seed grants from ADB initiated a number of on-going programs which are still active. In one instance, a \$1,000 grant generated \$10,000 in local funding. In another community, a \$1,000 grant initiated an attention home for runaways that is now operating completely on locally obtained funding. Mini-Grant projects have provided training for local program staff through seminars and workshops, initiated youth recreation diversion programs and a youth-staffed media development project.

Morningstar Program, an experiential learning community for Indian clients located on the Rocky Mountain College Campus in Billings, has started a newsletter to be circulated among past trainees. Content covers news and events in an informal fashion and also includes editorial comments from staff and clients.

The publication is intended to keep in touch with trainees with an eye toward "sharing your skills of planning, resource identification and utilization and other skills when your fellow trainees need help."



GRASS AND SNOW don't always mean marijuana and cocaine of Addictive Diseases Bureau. What was probably Helena's last touch of winter melts into the Department lawn under the morning sunshine.

Farm Feds Offering Low-Cost Rural Facility Loans

Farmers Home Administration (FmHA) is authorized to make loans to develop community facilities for public use in rural areas and towns of up to 10,000 people. Any community eligible for credit from commercial or cooperative sources is NOT eligible for such a loan from the FmHA.

All FmHA offices will help communities prepare their applications for review. All applications will be considered without regard to the race, color, creed, sex, age or national origin of members of the groups applying for assistance, and opportunity to construct, develop and use the facilities must be extended on this same basis.

Loans are available for public entities such as municipalities, counties, and special purpose districts. Nonprofit corporations may also receive loan assistance when adequate plans for loan repayments are made.

Although priority will be given to municipal borrowers in communities smaller than 5,500 people to restore a deteriorating water supply, improve, enlarge or modify a water or sewer system, funds may also be used "To construct, enlarge, extend or improve . . . fire stations, libraries, hospitals, clinics,

community buildings, industrial parks or other community facilities that provide essential service to rural residents, and to pay necessary costs connected with such facilities.

"Borrowers may also use the money for roads, bridges, utilities and other improvements or to acquire interest in land, water rights, leases, rights-of-way and other forms of land or water control necessary to the development of the facility."

The above definitions, quoted from a pamphlet entitled "Community Facility Loans" Program Aid No. 1100, Feb. 1975, provided by FmHA, would appear to include facilities used by a rural community for treatment and prevention of chemical dependency. Interested groups are urged to contact the nearest FmHA office for assistance.

The maximum term on all loans is 40 years, with the interest rate currently at 5 percent on the unpaid principal. Interim commercial financing will normally be used during construction and FmHA funds will be available when the project is completed. If interim financing is not available or if the project costs less than \$50,000, multiple advances of FmHA funds may be made as construction progresses.

New Alcohol Client Data System Enters Pilot Testing Phase

Montana's Alcohol Program Management Information System (AMIS) has entered an expected minimum three-month period of pilot testing while three local treatment centers try out the forms for the new system.

District I Alcoholism Program in Glasgow, Providence Residential Center in Great Falls and Alcoholism Rehabilitation Association (ARA) in Helena began use of the new forms in April and will continue through June. The AMIS design phase will be complete when necessary form revisions are made in July and the system is mechanized [computerized].

Deadline for full implementation of the system in all State-funded alcoholism treatment programs is January, 1978, according to Joan Rutledge, manager of ADB reporting. Since work is well ahead of schedule, the AMIS may be operational as early as November of this year.

The design phase of the AMIS was preceded by a Statewide needs assessment, initiated on July 1, 1976, and completed in published form January 19, 1977. Information was gathered through direct interviews of reporting systems experts and data consumers, on-site visits to all State-funded alcoholism programs, and through questionnaires mailed to a variety of local service providers.

Prior to July 1, 1976, when ADB contracted to Council of State and Territorial Alcoholism Authorities (CSTAA) for development of the AMIS, no valid client data system existed for Montana's alcoholism treatment programs. The data forms previously used were complicated and were seldom completed properly. At the State Office, no form of analysis was conducted and no data output was produced. After July 1, a simplified reporting form, more adapted to small, ultra-rural treatment programs, was designed and put into use, producing reports for participating programs, the Indian Health Service and the State Advisory Council for Alcoholism and Drug Abuse. This new form has been expanded into the reporting form now being piloted.

Development of the AMIS was initiated both by the availability of Federal funding through CSTAA and by the requirements of the Uniform Alcohol Act passed by the '75 Montana Legislature. The system design is similar to the Client Oriented Data Acquisition Process (CODAP) presently maintained by ADB for drug abuse treatment programs, but is most closely patterned after the National Alcohol Program Information System format produced by National Institute on Alcohol and Alcohol Abuse. Considerable redesigning was required to adapt the NIAAA format to the small rural programs typical of Montana and to make it more economical to operate.

Data output reports from the AMIS will form the

Adlerian Institute Delivers Family Therapy Workshop

Montana's first Adlerian Family Therapy Workshop, held March 7-10 at the Northern Hotel in Billings, was well received by 34 participants representing drug and alcohol programs across the State.

Dr. Robert Wilhite of the Adlerian Institute in Minneapolis was on hand for the session.

Based on the teachings of Alfred Adler, a contemporary of Sigmund Freud, the Adlerian approach stresses total involvement of the family to avoid singling out the individual under treatment.

According to Ken Ideus, staff training coordinator for the workshop, the Adlerian approach acquaints the troubled individual with himself by a process of uncovering and revealing lifestyles developed from early childhood. Believing in a practical, here-and-now approach to therapy, Adlerians, says Ideus, are also advocates of lay-therapy, i.e. therapy and treatment by trained persons without professional degrees.

Credit was given by the Adlerian Institute to participants in the workshop. Satisfactory completion of a series of eight such workshops would lead to certification by the Institute. The sample workshop was cooperatively funded by ADB, Southwest Montana Drug Program and Rimrock Guidance Foundation.

(Continued on page 4)

hard data base necessary for the final evaluation stage of the AMIS contract, which according to Joan, is expected to begin after about six months of full scale operation, probably in July of 1978. All final revisions will be completed at this time before the AMIS is converted to ongoing operation. According to Joan, AMIS data could eventually become a central feature of a client referral system, and through numerical codes, could form a confidential client tracking system.

Introducing—

Ken Ideus

ADB's newest trainer is Ken Ideus (I - day - os), who became staff alcoholism trainer in late November of last year. A basic country boy, Ken grew up on a S. E. Nebraska farm and rented and farmed a quarter section of land to pay for his first three years at Dana College in Blair, Neb.

Describing his training as "socio-medical," Ken graduated from Dana College with a B.S. degree in sociology and a minor in psychology, and completed nursing school as a licensed practical nurse. Ken is unmarried and has served six years in the Nebraska Air National Guard. He has attended the Missouri Institute on Reality Therapy in Jefferson City, Mo., and has also partly completed training for certification at the Adlerian Institute in Minneapolis, Minnesota.

Prior to joining ADB, Ken spent three years working in human services. He worked at Immanuel Center in Omaha, simultaneously providing alcohol detox services with child and adolescent mental health services. He also worked, first as a counselor and later as director, at Miriam Center in Omaha, a community residential center for women offenders. Ken also lists experience in psychodrama, transactional analysis and Karcuff counseling skills and has been a guest lecturer at the University of Nebraska



KEN IDEUS

Graduate Schools of Guidance and Counseling and Social Work.

Ken first came to Montana six years ago on a motorcycle as a member of a performing duo, playing mandolin and guitar and singing for a living. He said it was then that he decided he wanted to live in Montana and enjoy his pastime of fishing and skiing. He notes as a recent accomplishment snowshoeing thirteen miles through the Boulder country near Helena to recover a rock he found on an earlier trip.

Since coming to ADB, Ken has prepared a counselor orientation program which will be available for optional use in local programs. He will also prepare and present Reality Therapy training in the future. He advocates a full family approach to the treatment of alcoholism and describes his main responsibility as "assuring a proper spectrum of training for alcoholism staff."

MBCC Releases Crime Plans

Montana Board of Crime Control (MBCC), the State Law Enforcement Assistance Agency (LEAA), has published the 1977 Montana Comprehensive Plan for Criminal Justice Improvement containing a number of references to alcoholism and drug abuse. This hefty (552 pages) document provides a detailed description of the Montana law enforcement system; an analysis of crime in Montana, enforcement resources, action programs funded through LEAA assistance, processes for evaluation of these programs, and abstracts of the plans of related agencies and programs.

The Plan includes summaries of CODAP Data from 1975 through June 30, 1976, describes the formal relationship which exists between ADB and MBCC, and discusses the State Drug Abuse and Alcoholism Plans.

ADB has agreed to share program management and client data collected through the CODAP system with MBCC, "to the extent that client confidentiality is maintained." ADB has also agreed to provide MBCC with planning assistance for any future projects or programs involved with substance abuse. In return, MBCC has agreed to provide ADB with crime data related to substance abuse and to cooperate with ADB in collection and analysis of substance abuse incidence and prevalence data.

The agencies jointly agree to "plan and develop a coordinated program of service delivery to drug abusers in the criminal justice system." This agreement should provide long term prevention, treatment and rehabilitation services to all individuals incarcerated in Montana, as well as deliver emergency treatment for acute problems upon arrival at city and county jails, and to individuals on probation or supervisory release programs.

As Montana's LEAA grant authority, MBCC has also agreed to provide ADB with all necessary technical assistance to obtain available LEAA funding for qualifying substance abuse projects. Such projects would be limited largely to proposals which would separate status offenders (individuals whose offense is related to being under age) from adult offenders, and to projects which would provide services to incarcerated individuals.

National Health Orgs Re-define Alcoholism

Committees of the National Council on Alcoholism and the American Medical Society on Alcoholism have announced a new definition of alcoholism.

The basic text of the definition, published in the December issue of "Annals of Internal Medicine," states: "Alcoholism is a chronic, progressive, and potentially fatal disease. It is characterized by tolerance, and physical dependency, pathologic organ changes, or both, all of which are the direct or indirect consequences of the alcohol ingested."

The definition further explains that "chronic and progressive" means that the physical, emotional, and social changes that develop are cumulative. It says that the alcoholic cannot predict on any drinking occasion the duration of the episode or the amount of alcohol that will be consumed.

"Pathologic organ changes can be found in almost any organ, but most often involve the liver, brain, peripheral nervous system, and gastrointestinal tract," says the statement.

THE SOCIAL, EMOTIONAL AND BEHAVIORAL SYMPTOMS OF ALCOHOLISM, SAYS THE DEFINITION, ARE A RESULT OF ALCOHOL ON THE BRAIN. The degree to which these symptoms and signs are considered deviant will depend upon the cultural norms of the society or group in which the person lives.

Dr. Frank Seixas, the NCA medical director asserted, "Because we have learned more about the chemical changes associated with alcoholism, we can now simplify the characteristics that are essential to alcoholism." He stated that the definition separates "individuals with single non-recurring problems," from "those whose dependence on alcohol has changed the reaction of their brain to the drug."

AA and The Agency

- EDITORIAL -

By Joan Erickson
Education Coordinator
Western Montana Regional
Alcohol Services Inc., Missoula

The professional in the field of alcoholism is in a unique position. Most, in the field at this time, are recovered alcoholics themselves and simultaneously members of Alcoholics Anonymous.

Some difficulties arise when an A.A. member decides to become a part of a professional treatment team. The first thing the professional runs into is the fear that the agency is trying to supplant Alcoholics Anonymous. Very often there will be bitter disagreements between local A.A. groups and the professional agency over the type of information used and the types of services offered. Misunderstanding is frequent and if not cleared up immediately can lead to chaos and back-stabbing.

Alcoholics Anonymous is a specific program developed to address a specific problem. The basic premise of A.A. is to help alcoholics achieve sobriety, and by regular attendance at A.A. meetings, to find a way of life that is conducive to serene sobriety. A.A. has been the most successful single organization for treatment and rehabilitation of alcoholics. However, the enormous success of the organization is due to the fellowship not affiliating with any other organization. By maintaining this attitude, Alcoholics Anonymous members never lose sight of the primary purpose of their organization. A.A. members gather together regularly and discuss common problems that seem to go along with gaining and maintaining sobriety. There are certain things the alcoholic must constantly be aware of in order to stay sober. One of these is the fact he is an alcoholic. This awareness is essential to recovery by any method. A.A. is designed to concentrate on sobriety and ways to attain serenity. The fellowship of Alcoholics Anonymous does not pretend to offer any types of professional services. The organization does not offer marriage counseling, psychotherapy, family counseling, or provide financial assistance. Individual members of A.A. may do these things. In fact, many members of A.A. have impeccable credentials in these fields. A.A. as an organization, however, has just one purpose, to help alcoholics achieve and maintain sobriety.

The professional in the alcoholism field, while in many cases a member of Alcoholics Anonymous, has specialized training in the field of alcoholism and can tap into many other resources available in the community. Usually there is an informal network among the helping professions that provides for suitable help for the whole person. Alcoholism is an illness that has adverse effects on every area of a person's life. In many cases, multi-disciplinary assistance is a key factor in facilitating full recovery. When consultation with another professional is indicated, professionals in the field of alcoholism are in a position to avail themselves and their client of many community services that the average A.A. member may not be aware are needed. The alcoholism professional is also trained to identify problem areas that need assistance and determine where the client could best have these needs met.

Any resentments or difficulties that arise between the professional alcoholism agency and the local Alcoholics Anonymous group usually can be settled as they arise. Each organization has a specific purpose and in order to provide assistance to a maximum number of people, the two groups should cooperate fully with one another. For the most part, the professional agency is the one to take the responsibility of settling any differences that arise. Thus, the local A.A. group does not feel threatened and usually responds favorably to the explanations of the Agency.

A major problem in this area is the confusion of the general public that consider all alcoholism treatment to be Alcoholics Anonymous. If this is not clearly defined by both the Agency and A.A., the tradition of non-affiliation is broken. The confusion usually stems from most counselors being A.A. members themselves. The counselors must clearly understand the "two hat" concept and continually be aware of which "hat" they are wearing.

A problem that arises when a counselor is also a member of Alcoholics Anonymous is a confusion of which "hat" is being worn. The role of a sponsor is sometimes deeply ingrained in the A.A. person. The counselor must be acutely aware of the difference between counseling and sponsorship.

Sponsorship is a responsibility that is undertaken by individual A.A. members when they have been sober for some time and have a good grasp of the A.A. program. A sponsor's role is to assist the new member in any way possible. If the newcomer feels a need to drink, they are free to call their sponsor any time of the day or night. If any problems arise in their new sobriety, the sponsor is always there for advice and support.

The sponsor is very often the first contact the alcoholic has with A.A. Many times when the alcoholic makes the first step and calls A.A. for help, the person who ends up as a sponsor is the one who answers the call.

Sponsors spend hours, if needed, with the newcomer. There is a continuing responsibility for the sponsor, to assure the newcomer that someone fully understands and is willing and able to help the new person adjust to a life without alcohol. This is best done by example. The sponsor makes it easy for the newcomer to attend as many A.A. meetings as possible. This often means providing rides to and from the meetings. The sponsor will see to it that the newcomer meets as many members as possible, particularly those who share the same interests.

One of the prime things a sponsor does is thoroughly know and explain the 12 Steps and Traditions of A.A. and the concept of anonymity. This concept is difficult to fully comprehend for the newcomer. Often anonymity is misunderstood. Some newcomers feel that A.A. is a secret society and no one is to know who is there. The basic premise for anonymity is so that personalities do not get in the way of the recovery process. This usually takes time for the sponsor to explain.

The A.A. sponsor will often be a warm, caring

person, willing to do a great deal to further sobriety in the newcomer. A good sponsor, however, also realizes that there are limitations to the role of sponsorship. A sponsor usually will not become involved with the newcomer financially, will not get into marriage counseling, or offer medical advice.

Depending on individual circumstances, the sponsor may intercede with an employer although many times this is best left to a professional.

The sponsor is usually willing to help the family of the alcoholic understand the illness and guide them gently over the rocky road of new sobriety. Many things have to be taken into consideration during the first few months of sobriety and one of the important functions of a sponsor is to reassure both the family and the alcoholic that the things that are happening are things that every alcoholic goes through in early sobriety.

An important part of the training of an alcoholism counselor is a definite delineation of counseling as opposed to sponsorship. The basic difference between a sponsor and a counselor is that the sponsor, many times, is a good friend with all the ramifications. The counselor is a professional, trained to help solve specific life problems that go along with sobriety. Sometimes the counselor is not aware which "hat" he/she is wearing and inevitably confusion reigns.

The professional counselor must be fully cognizant of the full program offered by A.A. In order to use this resource the counselor must know all aspects of the A.A. program. The counselor must also be aware of the self-imposed limitations of A.A. When problems arise, the alcoholic must be made

[Continued on page 4]

EDITORIAL—

Stanclift on Certification

by Terry Stanclift

Training and Certification Supervisor

During the past month I have had various discussions about certification. Unfortunately, some of the information that is being quoted to me is not true. For this reason I would like to explain certification again to clear up any false impressions or misunderstandings.

First, the State of Montana, in cooperation with Alcohol Programs of Montana and other agencies, is working for certification. Why? To create a work force of well-trained personnel to work with drug and/or alcohol abusers. The assumption behind this is that persons who are well trained for a job do good work and find job satisfaction. If you are currently doing a good job, excellent! Certification and training will simply enhance your skills.

Second, certification is not being implemented to put anyone out of work. There will be requirements which every person must meet to be certified, but these will not be unreasonable. The State of Montana owes the best to its citizens, and for those who are chemically addicted we want to offer the best treatment services.

Third, certification is not yet fully implemented, as such and we are attempting not to put any unreasonable demands on anyone. We have been in the field doing needs assessments and we have been offering training events to meet certification requirements. However, at this time, no one has been certified. Any training you have received will be applied to your training record to meet certification requirements.

Now, what can you expect from training and certification requirements in the future?

- (1) Certification will be partially implemented, during '77. Great effort is being made to research and evaluate our training programs to determine those courses most needed, effective and useful in your daily work.
- (2) We will continue to offer training events. These will be based on the results of needs assessment data. For persons who have not had a complete needs assessment, we will be scheduling an interview with you. Our training system will continue to function as it has for

the past year, offering you training and educational opportunities.

If you still have questions and/or concerns let us know. Please call or write:

Terry Stanclift, Training & Certification Supervisor
Addictive Diseases Bureau, Dept. of Institutions
1539 11th Avenue
Helena, Montana 59601 449-2827



TERRY STANCLIFT

FEED THE HABIT!

Editorial comments, questions, letters, cartoons, sketches, photographs, job opportunity listings, client statements and discussions of professional research are welcome, along with news items and clippings of note.

Please address submissions to The Habit, ADB, 1539 11th Ave., Helena, MT 59601.

New Features . . . Opportunities

"The Habit" is beginning a new service for regional and local programs and staff members called "Opportunities," which will list position openings, full- and part-time jobs and contract opportunities.

While some positions are visible from the ADB Office, individual programs must take the initiative to report job opportunities in time for publication in each issue. Written submissions should be addressed: The Habit, ADB, Dept. Institutions, 1539 11th Ave., Helena, MT 59601.

—Clerk-Typist II

Where: Anaconda (Open Door)

When: May 16; May 23 availability deadline

Contact: Dick Rice, Acting Director SMDP, SMDP Regional Office, 64 W. Broadway, Butte, MT 59701; 723-5619

—Outreach Worker I (soon to be II)

Where: Anaconda (Open Door)

When: May 23 availability deadline

Contact: Dick Rice

—Psychiatric Social Worker

Where: Southwest Region

Qualification: Degree — MSW, with psyc. experience

When: Available Immediately

Contact: Dick Rice

—Administrative Director

Where: Southwest Region

Qualifications: Degree — BA, with management experience; Merit System

Contact: ADB/SMDP

. . . and Happenings

IN-STATE TRAINING EVENTS

May 13-14:

What: Governor's Conference on Credentialing of Health Care Personnel

Where: Bozeman, MT — MSU Student Union Ballroom

Contact: Continuing Education for Nursing, MSU, Bozeman, MT, 59715

May 23-27:

What: Short Term Client Systems (STCS)

Where: Billings, MT — (to be announced)

Contact: Terry Stancliff, St. Office

June 13-17:

What: Summer School on Alcohol Studies (featuring Fr. Joe Martin)

Where: Great Falls, MT — College of Great Falls

Contact: Ken Ideus, St. Office

NATIONAL EVENTS

April 29-May 4:

What: National Alcoholism Forum, the annual conference of the National Council on Alcoholism

Where: San Diego, CA

Contact: Forum Coordinator, NCA, 733 Third Ave., NY, NY 10017

May 5-9:

What: National Drug Abuse Conference 1977

Where: San Francisco, CA

Contact: NADC-77, Haight-Ashbury Training and Ed. Project, 409 Clayton St., San Francisco, CA 94117

May 22-26:

What: 12th Annual Conference, Assn. of Halfway

House Alcoholism Programs of North America

Where: Birmingham, Ala.

Contact: AHAP, 186 East 7th St., St. Paul, MN 55106

June 19-24:

What: 26th Annual Session of the Univ. of Utah School on Alcoholism and Other Drug Dependencies — 16 specialized group sections available with graduate and undergraduate credit offered

Where: Salt Lake City, UT

Contact: Univ. of Utah School on Alcohol and Other Drug Dep., P.O. Box 2604, Salt Lake City, UT 84110

Five-Day Youth Workshop Conducted in Billings

The workshop series "Making a Difference With Youth," which made its debut in Bozeman late last year, was held April 18-22 at the Holiday Inn West in Billings. Rod Gwaltney, ADB coordinator for MADWY workshops, describes the workshop as a "very broad scope course which concentrates on drug abuse."

The MADWY series is based on a format provided by National Institute on Drug Abuse, which has been adapted extensively for the needs of Montana. Trainers Dennis Duncan of the Southwest Montana Drug Program Butte satellite, and Ron Gersack of the Helena satellite center have pooled their practical experience in rural Montana drug abuse treatment with ADB staff and with NIDA training coordinator Dave Love, to adapt the NIDA format for use here.

Free Prevention Material Offered

ADB Prevention Coordinator Paul Babbitt announces that among the many samples of printed prevention brochures available at the State Office, two recommended publications are in good supply.

QUESTIONS AND ANSWERS ABOUT DRUG ABUSE, prepared by the Special Action Office for Drug Abuse Prevention, Executive Office of the President, is a fifty-page, full-color glossy pamphlet with photographs and a central theme of postage stamps related to drug abuse. It offers a fifteen question Drug IQ Test, answers some common questions about drugs in general, and discusses sedatives, alcohol, stimulants, tobacco, marijuana, hallucinogens, and narcotics.

A short, very general discussion of prevention introduces "The Reach Quiz," developed by the Boy Scouts of America, and a series of questions developed from the work of Dr. Phyllis Harrison-Ross, pediatrician and child psychologist. The pamphlet concludes with a short discussion of coordination and community organization to deal with drug abuse problems, a bibliography of suggested reading and a list of State drug authorities.

Also available are recent copies of "Drug Survival News," a bi-monthly publication of the Do It Now Foundation, in Phoenix, AZ. This publication is printed as a tabloid size newspaper, covers both drugs and alcohol, and includes photographs, graphics and cartoons. The "News" carries national and international drug news through UPI Press Service, includes editorials and letters, and an extensive review section of books, pamphlets and audio-visual materials. Another regular feature is "Drug Analysis Roundup," a nation-wide street drug analysis summary which compares purported contents of samples with actual contents.

Advertising carried by this publication is limited mainly to promotions of new literature and audio-visual aids and upcoming conferences. Content is geared to professional counselors and other program workers. The publication also provides access to a wide variety of give-away prevention booklets and pamphlets produced for bulk sale by the Do It Now Foundation.

Adlerian Institute—

(Continued from page 2)

Ideus explains that the family of a problem individual provides a supportive atmosphere which can either encourage or discourage problem behavior. The entire family develops a lifestyle as it grows which can lead to chemical dependency. When the problem individual enters treatment, the entire family must be involved to produce the necessary supportive changes in the home environment. Failure to include the family can lead to backsliding when the individual returns from treatment or can introduce a host of new problems as the changed individual attempts to relate to the unchanged family.

The workshop involved a role playing experience portraying a chemically dependent family reacting with two counselors and also included the film "I'll Quit Tomorrow," produced by the Johnston Institute. "Drug and alcohol workers," said Ideus, "were able to deal with common problems on common ground." Results of the Institute evaluation of the workshop will be available upon receipt by ADB.

The workshop covers several broad topical areas vital to successful development of rural, youth-oriented services. Internal program management is considered in terms of internal and external problems. Program development is covered in terms of communication skills, values clarification and problem solving techniques, of value to the individual as well as the group, with practical advice on service delivery and community relations. Adolescent sexuality is reviewed with practical discussion of the most asked questions — concerning premarital sex, homosexuality and rape.

Methods of community organization are discussed in detail from such varied angles as program self image, public image, media use, relations with other programs and agencies, choosing board members and public speaking.

An attendant of the Bozeman workshop described the discussion of internal and external evaluation: "Given a functioning program, you can still blow it if your data isn't good enough, and you can't PROVE you have an impact . . . I found this section very helpful — and specific."

The same participant offered the following comments as a general evaluation: ". . . well organized, packed with material, no wasted time. Specific models and examples given; structured so that they can be used as stepping off points. Dave Love has been involved in every aspect . . . He shared pitfalls and suggestions and was very helpful. He is terrific: high energy, great eye contact, in control but not controlling."

AA and the Agency—

(Continued from page 3)

aware of the availability of specialized services in the community. This function is not a part of Alcoholics Anonymous, but is an integral part of the professional agency's function.

Some examples of the problems that might arise when a professional agency is available in a community:

1. The public at large seems to assume that A.A. and the agency are one and the same. Special care must be taken to clarify this point.
2. Jealousy between A.A. members and the agency — both entities consider their way most effective. In time this threat will ameliorate simply by the two organizations becoming accustomed to co-existing.

Any overtures to solve problems between A.A. and the professional agency should be made by the agency. This is simply a diplomatic move that ensures the A.A. group that the agency is non-threatening and always willing to cooperate. This will enable a rapport to be established that guarantees assistance to a maximum number of people.

Once in a while an A.A. member will be totally against the agency and be very vocal about it and at times will misconstrue what is said or done by the staff of the agency. These occurrences must be handled individually. There are occasions when it is best to ignore the situation and other times when a direct confrontation is essential.

Any of these types of problems should be handled by the Project Director because that is where the authority is vested. If a situation such as this is taken care of by anyone other than the Director, too many times it sounds defensive and will not carry the necessary impact.

Each problem area must be given careful consideration as it arises and the approach taken to solve the concern must be individualized. If this is borne in mind at all times, and anything that does arise is taken care of at that time, then the chance of an insurmountable problem between A.A. and the professional agency is slight. It is crucial to cooperation that the agency's role in the community be up front and open to any scrutiny. There is a big danger in secretive maneuvers that could be destructive to the progress of the agency in the community. True cooperation, freely entered into, is a primary goal of the professional agency. One thing that is a common basis for cooperation is the still suffering alcoholic who must be given any and every opportunity to find the road to complete recovery.